

**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities
and Substance Abuse Services**

Quarterly Report

By

The Customer Service and Community Rights Team

Advocacy and Customer Service Section

April to June 2007

Introduction

The purpose of this report is to summarize the contacts made to the Customer Service and Community Rights (CSCR) Team during the fourth quarter of the 2006/2007 fiscal year which includes the months of April, May and June 2007. The CSCR Team is one of three teams in the Advocacy and Customer Service Section of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). This team facilitates informal resolutions to complaints and grievances by consumers of public services, family members and advocates either directly or in collaboration with LME Customer Service Offices and assists individuals and families in accessing public services.

Contacts, or cases, consist of calls, letters and emails received by the CSCR Team. The content of the cases can vary widely but all have some relationship to the public mental health, developmental disability and substance abuse service delivery system in North Carolina.

The following is a summary of and information about the types of contacts received by the CSCR office during this quarter. This includes the issue reported, the type of contact, how the contact was resolved, the time to resolve the contact, the contact source and information about the age, disability group and funding source for the contacts. reported, the resolution time frame and type, and information about the individuals who brought the issues to our attention). The intent is to provide an overview of the cases the CSCR team addressed during the fourth quarter of the 2006/2007 fiscal year.

This report is consistent in content with the previous quarterly reports for Fiscal Year 2006-2007. To review the data from the previous quarters please refer to the reports posted on the DMH/DD/SAS web site, www.ncdhhs.gov/mhddsas.

The Non Medicaid Appeals administrative rule was made effective in October, 2006. The CSCR Team processes these appeals to ensure proper filing. Complete data regarding the Non Medicaid Appeals was not available for this report. Future reports may include summary statistics regarding Non Medicaid Appeals.

This report attempts to provide accessible and useful information for a variety of stakeholders. It is designed to give a snapshot of the contacts made to the CSCR Team. We welcome any comments and suggestions.¹

¹ Please contact Cindy Koempel at Cindy.Koempel@ncmail.net or Stuart Berde, Team Leader at Stuart.Berde@ncmail.net. We may be reached by phone at (919) 715-3197.

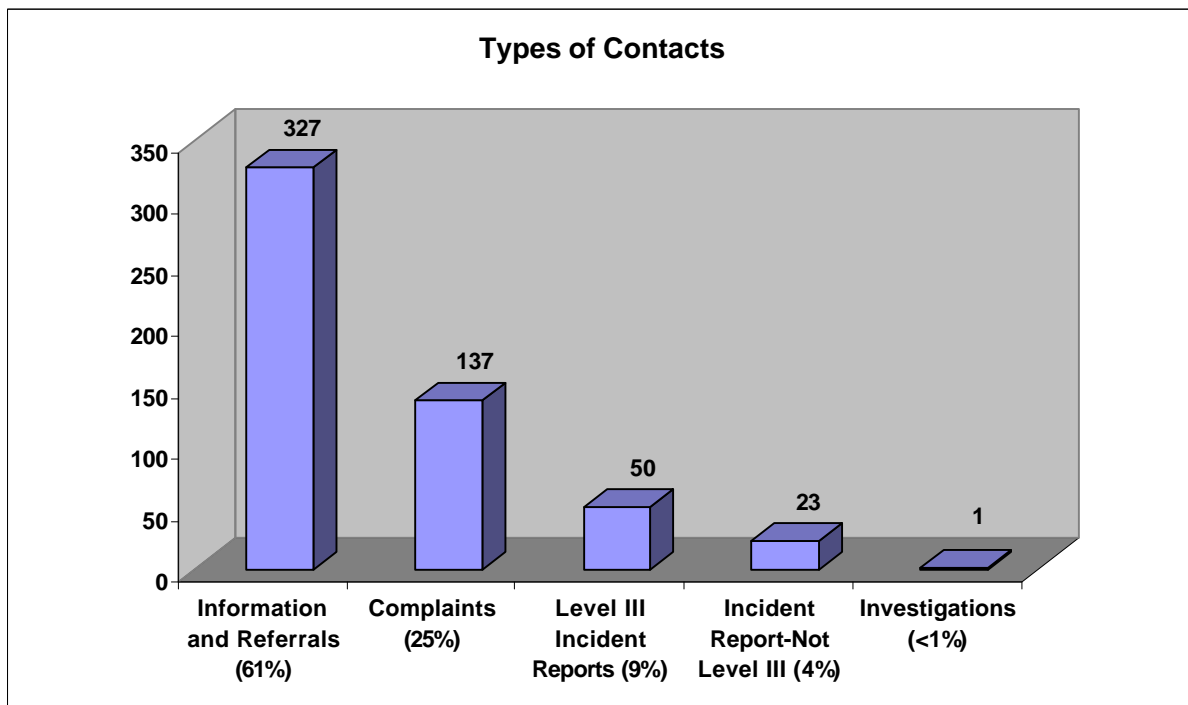
Summary of Significant Conclusions

- The CSCR Team received 538 contacts during the fourth quarter of the 2006/2007 fiscal year. The majority of the contacts were for information about and referral to resources and services.
- The majority of issues in the contacts were resolved the same day they were received. Overall, resolution time reflects the complexity of issues posed with Level III incident reports typically requiring more time.
- A majority of the contacts pertained to assistance to families (139), technical assistance (102) and access to services (109).
- Contacts associated with services for adult consumers accounted for 302 of the 538 total contacts during the fourth quarter.
- CSCR staff resolved 34% of the contacts in this quarter. Thirty-nine percent of the contacts were resolved by referral to another state or local agency, 26% were resolved by referral to the LME Customer Service Office and 1% resulted in an investigation or monitoring.
- A majority of the contacts to the CSCR Team apply to the Mental Health disability group.
- Sixty eight percent of the contacts were associated with Medicaid funded services.

Types of Contacts

The CSCR Team received a total of 538 contacts during the fourth quarter of the 2006/2007 fiscal year. The chart below illustrates how many of each type of contact the CSCR team received. The contacts are categorized by the CSCR Team in the following ways:

- **Information and Referrals** are contacts in which the CSCR Team must provide information and refer the person involved to the best resource to meet the need.
- **Complaints** are any expression of dissatisfaction. The CSCR Team often incorporates some form of education or technical assistance in response to complaints.
- **Level III Incident Reports** (10A NCAC 27G.0604) are reviewed by the CSCR Team in a Quality Management capacity. The CSCR Team provides a division level review of the incident.
- **Incident Reports – Not Level IIIs** are incident reports that were submitted that did not meet the definition of Level III, but did require technical assistance from the CSCR Team or LME.
- **Investigations** are formal inquiries into allegations of violation of law, rule or policy in a community program. Investigations are often completed with other regulatory teams within DHHS and/or the LME provider monitoring and customer service offices.



Resolution/Response Time

The CSCR Team works to resolve contacts as efficiently as possible. Our goal is to facilitate a resolution the same day the contact comes to the team. A contact is considered “resolved” at the point where the CSCR Team has assisted in every way possible within the DMH/DD/SAS system. Often issues are resolved when the CSCR Team offers the most appropriate referral and/or information, and gives the case to the appropriate local or state agency for action.

The table below summarizes the CSCR Team’s resolution timeframes in this quarter. The most frequent response time for all contacts is the same day the contact came to the CSCR office. Some contacts are more complex and require more time to resolve.

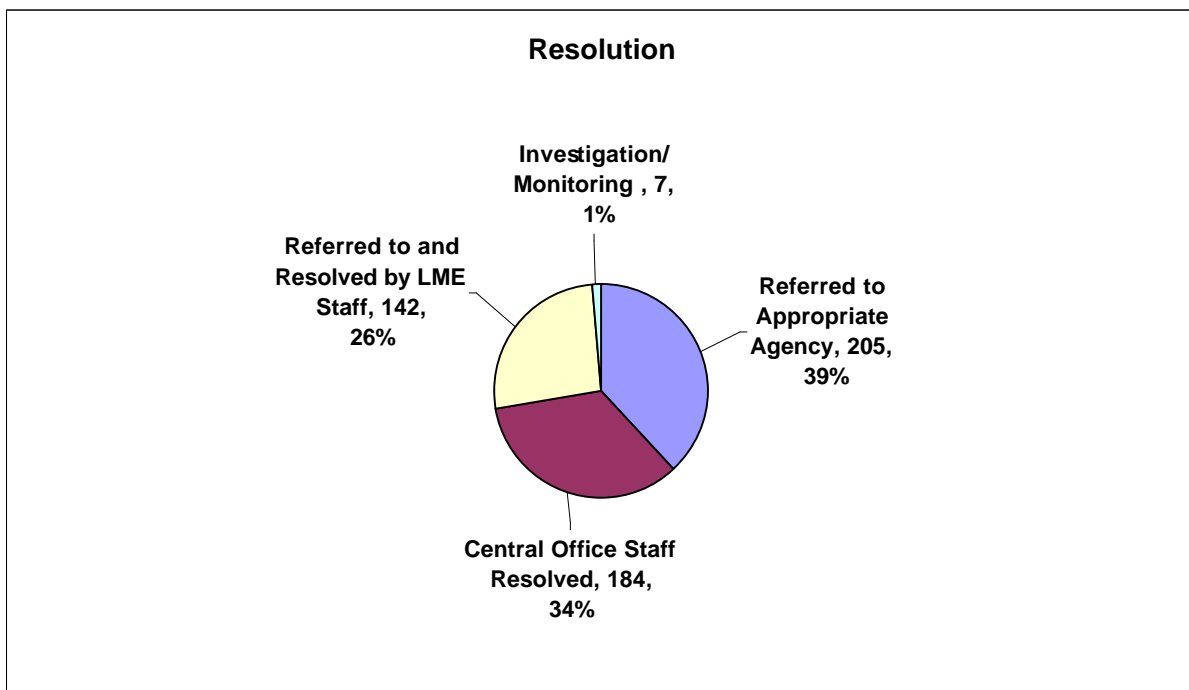
The mean or average response time for all contacts, including investigations, is 5 days with the range between 1 day and about 3 months. The CSCR Team reviews all Level III incident reports to ensure complete information and make suggestions regarding follow up. The longer time frame is inherent in the nature of Level III incidents and increases the mean resolution time for all the contacts. Often, the provider submitting the incident report does not have access to complete information thus the mean time to resolution for Level III incident reports is 20 days.

As noted in the table below, the maximum time taken to resolve a complaint was approximately 3 months and the maximum time taken to resolve information and referral contact was 48 days. Some contacts require consistent effort and collaboration with many resources to resolve. While the CSCR Team strives for efficiency, the quality of the response is what is most important. The data in this quarter represent an increase in contacts that required more time for the best possible resolution.

Resolution/Response Time				
	Mean	Most Frequent	Min	Max
All Contacts	5 Days	Same Day	Same Day	80 Days
Complaints	6 Days	Same Day	Same Day	72 Days
Information and Referral	2 Days	Same Day	Same Day	74 Days
Level III Incident	20 Days	Same Day	Same Day	80 Days

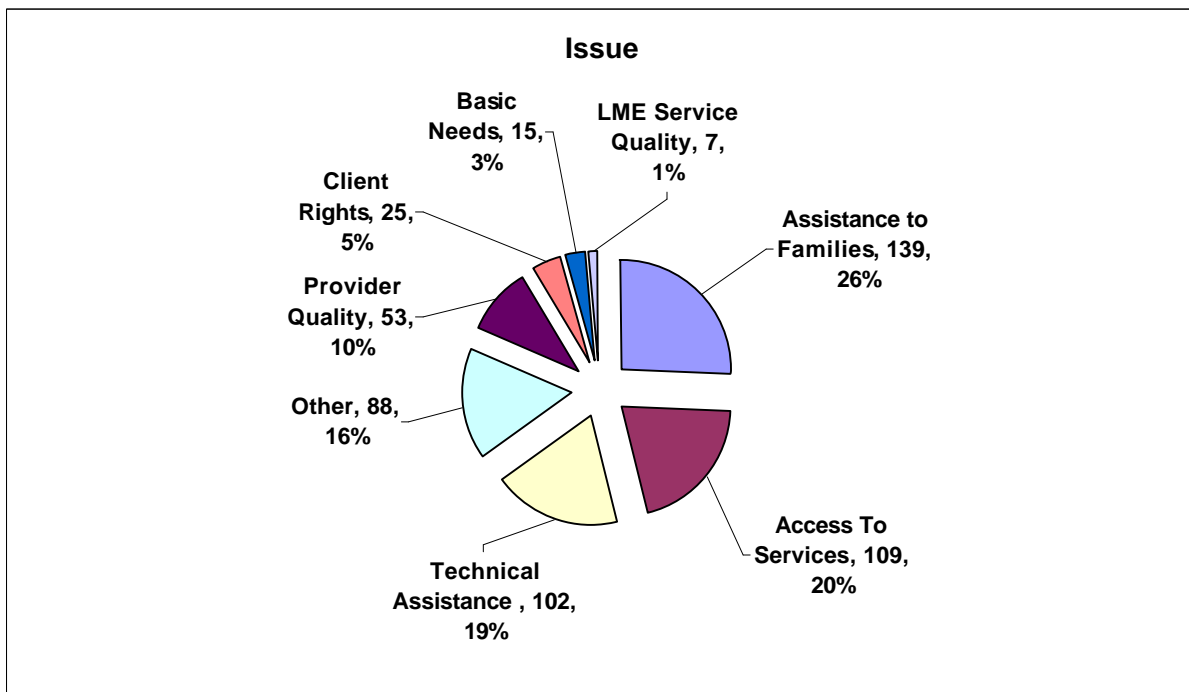
Resolution

The CSCR Team maintains collaborative relationships with many agencies in order to resolve issues. During this quarter, 34% of the contacts were resolved directly by the CSCR Team. We strive to provide customer service to all contacts regardless of whether the issue is related to DMH/DD/SAS. Because the CSCR Team members are familiar with many resources, the CSCR Team members referred the person to the appropriate resource or agency in 39% of the total cases. When a contact requires local assistance and expertise, as in 26% of the contacts this quarter, the CSCR Team involves the LME customer service office to find a resolution. Certain contacts lead to investigations or monitoring of a provider by the LME or another regulatory agency. During this quarter, 7 contacts required referral for investigations. The chart below illustrates the resolution pattern:



Type of Issue

Contacts are categorized by types of issue by the CSCR Team. Contacts regarding “Assistance to Families” accounted for 26% of the total this quarter. Contacts of this type reflect the needs of families coping with mental illness, substance abuse and/or developmental disability issues including assistance with accessing services, support, information and avenues to provide input to the DMH/DD/SAS system. The CSCR Team provides technical assistance to LMEs, providers and to people with issues regarding Medicaid. Contacts regarding “Technical Assistance” accounted for 19% of the contacts this quarter with technical assistance to providers accounting for over half of the contacts. The CSCR Team assists providers with answers to questions and acts as a liaison between providers other professionals within both the Department of Health and Human Services and the DMH/DD/SAS. Furthermore, the CSCR Team gives a voice to concerns from all stakeholders including providers. The issues and trends inform policy makers on a daily basis, including the CSCR Team Leader, the ACS Section Chief and the various work groups and committees that facilitate mental health transformation.



Local Management Entity (LME) Associated

The table below categorizes the contacts received by LME catchment area. It should be noted that a high number of contacts from a particular LME does not necessarily reflect LME quality or lack of quality. This likely indicates higher population size and consumer knowledge of how to file a complaint. The chart below illustrates that, generally, LMEs with higher populations have more contacts.

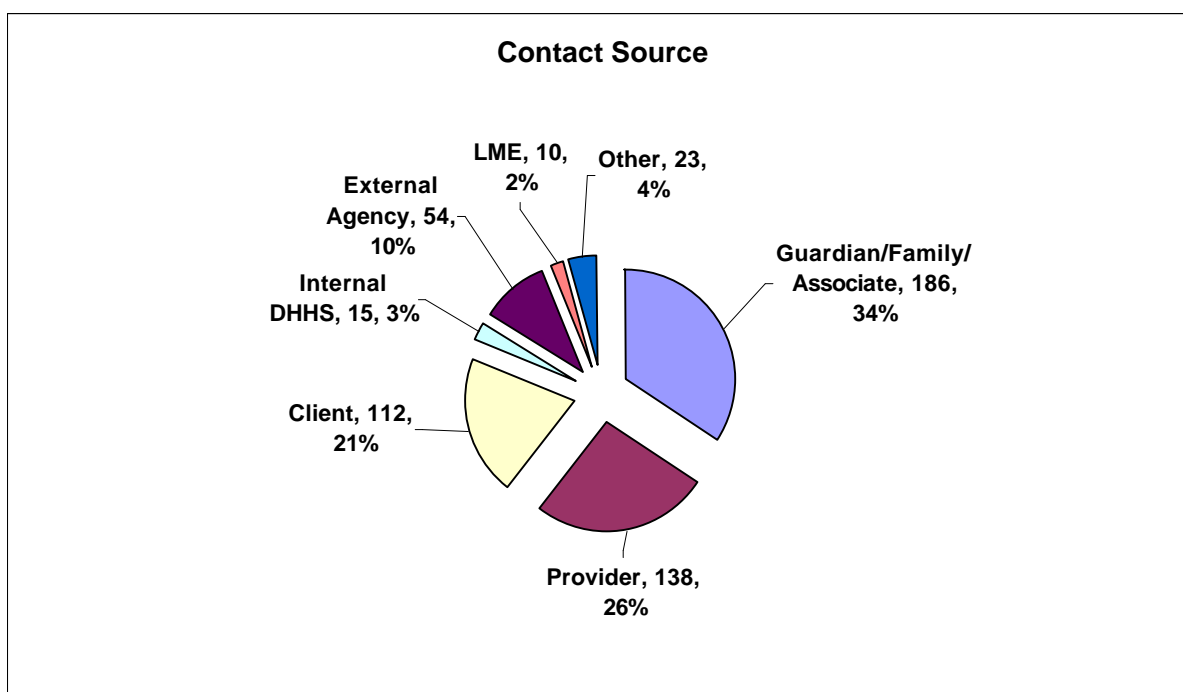
Local Management Entity Associated With Contacts			
LME	Number of Contacts	July 1, 2006 Population	Population Rank
Wake	53	769,244	2
Western Highlands	36	487,587	5
Five County	23	231,356	18
Guilford	22	443,753	6
Mecklenburg	21	805,291	1
Pathways	21	362,078	8
Durham	21	246,184	16
Southeastern Regional	20	254,177	13
Piedmont	18	669,213	3
Eastpointe	18	291,647	11
Cumberland	16	315,287	10
Sandhills	13	516,621	4
Orange-Person-Chatham	12	219,407	20
Southeastern Center	11	318,545	9
Catawba	11	151,232	23
CenterPoint	10	414,181	7
Johnston	10	150,557	24
Alamance-Caswell-Rockingham	9	257,135	12
Smoky Mountain	8	185,588	21
Neuse	8	115,825	27
Tideland	8	93,894	28
Onslow-Carteret	7	226,540	19
Albermarle	7	133,729	26
New River	6	165,724	22
Foothills	6	248,657	15
Crossroads	6	253,073	14
Edgecombe-Nash	5	243,910	17
Wilson-Greene			
Roanoke-Chowan	5	76,272	29
Pitt	4	145,310	25

Contact Source

Contacts to the CSCR Team may be initiated by anyone. However, North Carolina and federal confidentiality laws and regulations require that follow up communications be redirected to consumers and/or the legal guardian. This is especially true when contacts are initiated by someone other than the consumer, his/her legal guardian or someone the CSCR Team does not have permission to work with from the consumer or guardian.

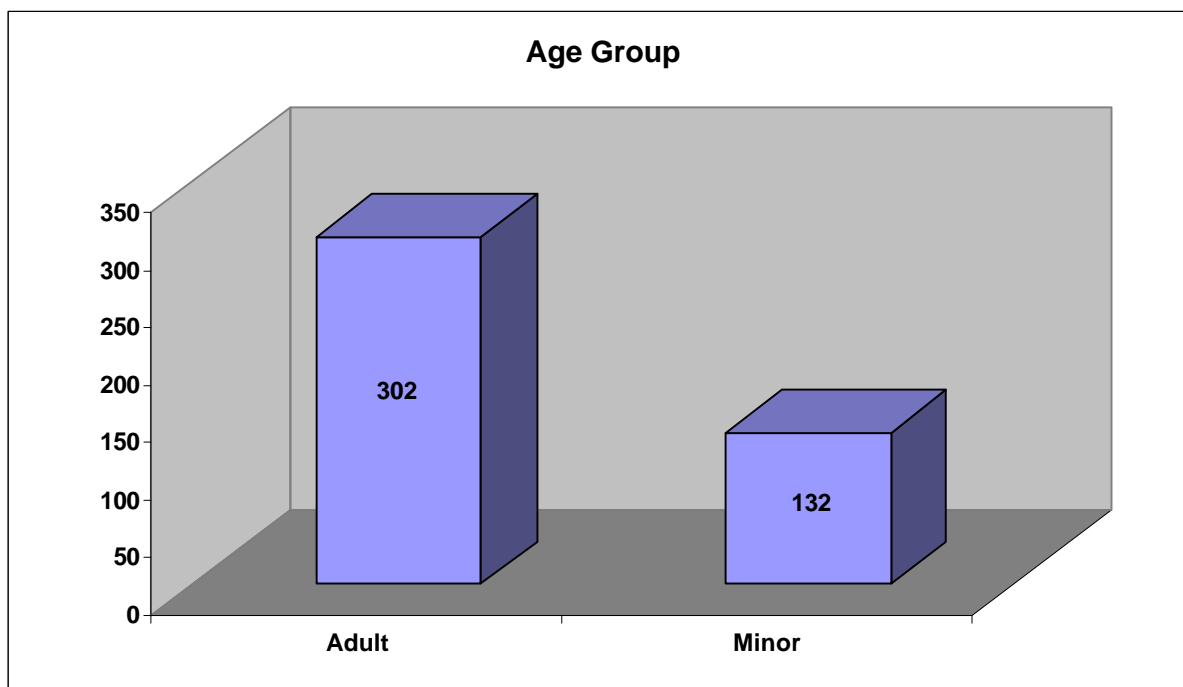
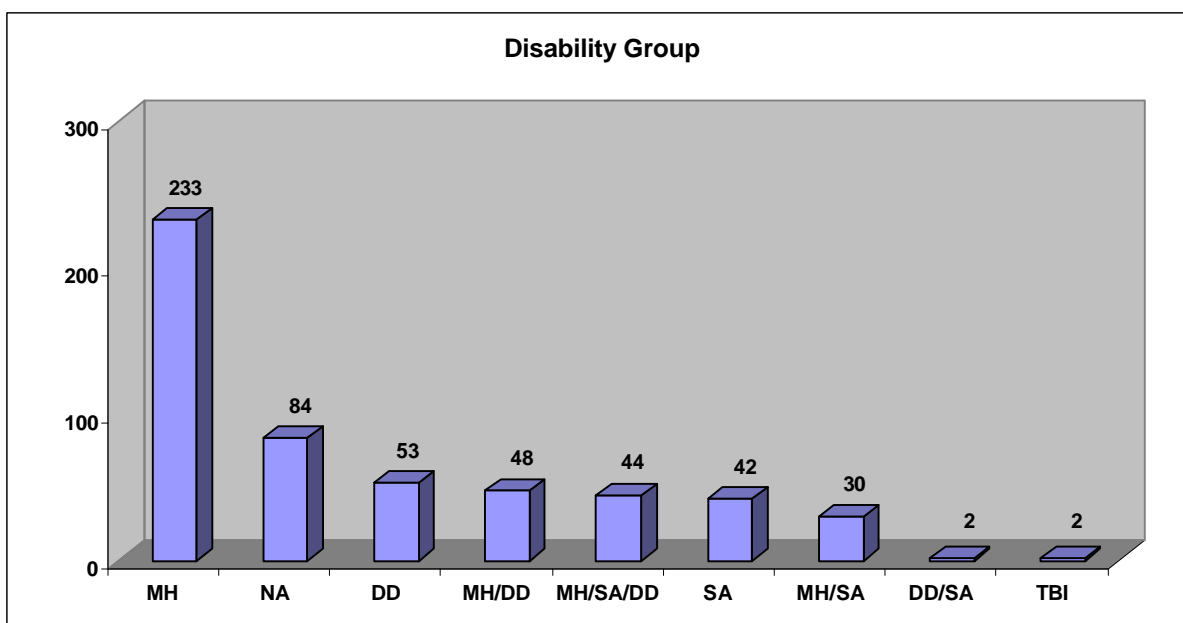
During this quarter, someone close to the consumer (family, friend or guardian) made 34% of the contacts while 21% of the contacts were initiated by the consumers themselves. Often, the original contact may come from a relative or friend and this leads to further contact with the consumer.

Providers accounted for 26% of the cases brought to our attention. Providers contacting the CSCR Team typically do so for technical assistance and information. In this role, the CSCR Team provides the information requested or acts as a liaison between the provider and the DMHDDSAS section(s) that can best be of assistance. The chart below illustrates the different contact sources:



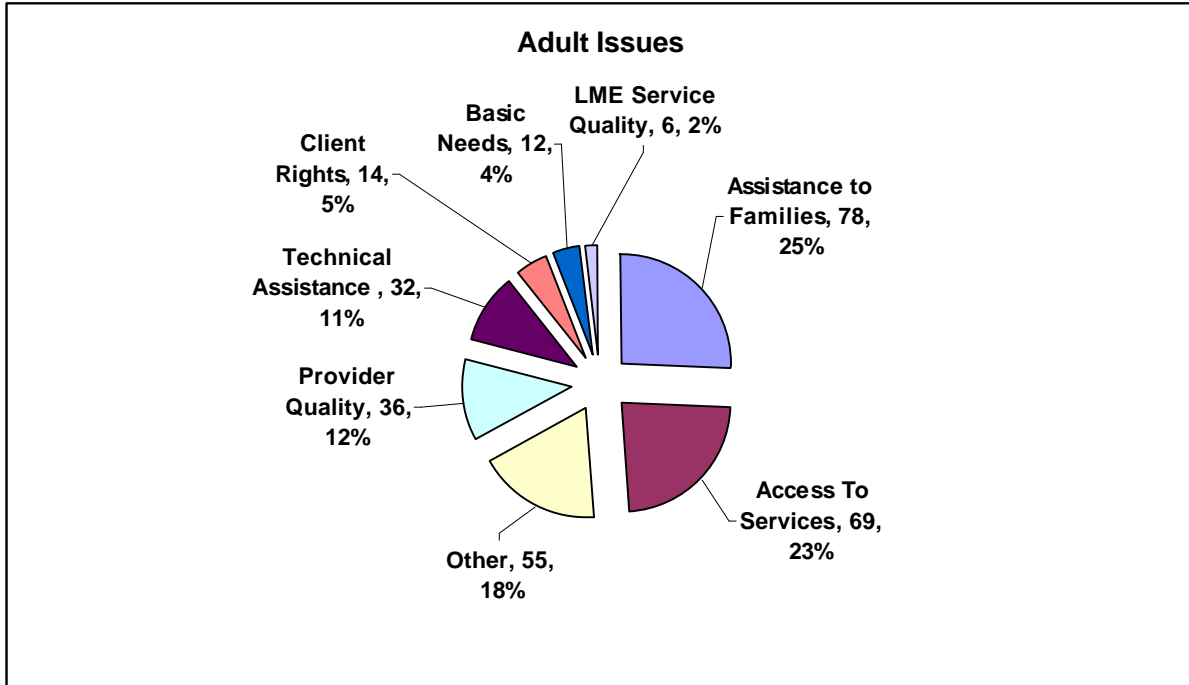
Disability and Age Group

A majority of the contacts received by the CSCR Team are associated with a certain disability group. The column “NA” represents contacts that did not fall into any particular disability group. These contacts are usually outside the DMHDDSAS system. In such cases, the CSCR Team attempts to assist by linking people to the agency or resource needed. As can be noted on the graph, a majority of the contacts relate to the Mental Health (MH) disability group. Consistent with previous quarters, most contacts during this quarter involved adult consumers.



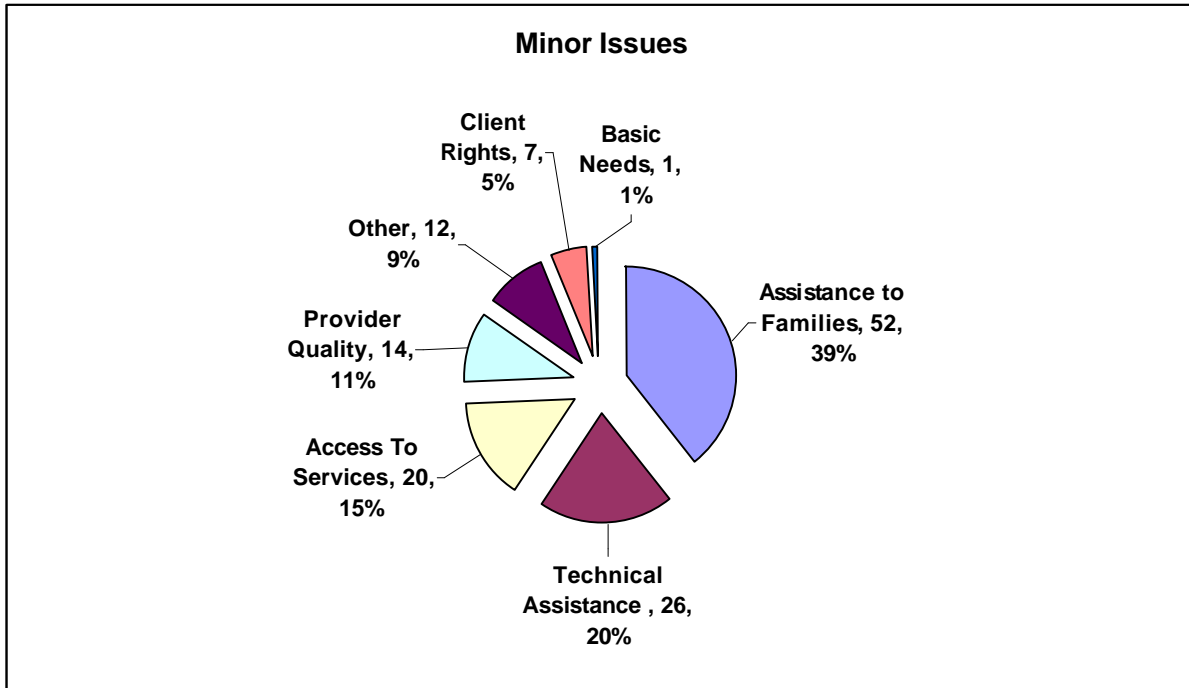
Adult Issues

A majority of the contacts to the CSCR Team in the second quarter (344 of 546), third quarter, (315 of 555) and this, the fourth quarter (302 of 538) pertained to adult consumers. Twenty-five percent of the contacts involved assisting family members, 23% were about access to services and 12% pertained to provider quality. Over half of the contacts regarding adults fell into these three issues. This may reflect a need for more attention to system issues facing adult consumers and their families in North Carolina. The following chart illustrates adult service issues posed to the CSCR Team:



Minor Issues

The issues reported for contacts regarding minors were much the same as for adults. Assistance to families, access to services and provider quality accounted for over half of the 113 contacts for children and adolescents in this quarter.



Funding Source

The CSCR Team tracks the funding source associated with each contact. Our office is charged with ensuring rights protections of consumers in publicly funded MH/DD/SA services. As can be seen in the chart below, a large percentage of the contacts (68 percent) were associated with regular Medicaid funds while state funded services accounted for 21% and the CAP Medicaid Waiver services accounted for 4%.

